



**CEMETERY AND FUNERAL BUREAU**  
 400 R STREET, SUITE 3040  
 SACRAMENTO, CA 95814  
 (916) 322-7737 Fax (916) 323-1890



**1999**  
**PRENEED FUNERAL TRUST FUND**  
**DECLARATION OF NON-REPORTING STATUS**

LICENSE NUMBER: FD # \_\_\_\_\_

FUNERAL ESTABLISHMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

1. For the calendar year ended December 31, 1999, the funeral establishment is exempt from annual trust reporting requirements based upon the following: (check one)

- ☐ No preneed sales of funeral services or merchandise.
- ☐ The consumer deposits money directly into a savings account and the consumer is the trustee of the money held in the savings account. The funeral establishment does not receive any money directly or indirectly for deposit into the savings account.
- ☐ The consumer purchases insurance for preneed funeral services and/or merchandise. The payments are made directly by the consumer to the insurance company. The funeral establishment does not receive any money directly or indirectly from the consumer for payments on the insurance policies. Please attach a list of the insurance companies.
- ☐ The consumer purchase is made with a trust company with deposits made by the consumer directly to the trust company. The funeral establishment does not directly or indirectly receive any money from the consumer for deposit with the trust company. Please attach a list of names of the trust companies.
- ☐ Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. The preneed funeral trusts are combined into a common trust fund containing two or more establishments pursuant to CCR Section 1269 (f). Accordingly, one combined report is filed which discloses each funeral establishment's information separately. The combined report is filed by \_\_\_\_\_.

I certify under the penalty of perjury, under the laws of the State of California, that to the best of my knowledge, the information presented above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please print): \_\_\_\_\_

Title (Please print): \_\_\_\_\_

**COMPLETE FORM AND MAIL TO THE ADDRESS ABOVE – NO FEE IS REQUIRED**